



EXPATRIATE MEDICAL & REPATRIATION EXPENSES POLICY WORDING

Effective 1 March 2020

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Welcome to Expatriate Medical

Thank *you* for choosing Allianz Partners to provide *you* with *your* insurance cover.

Arranging insurance means *you* are making a legal contract under which *you* promise to meet certain obligations and conditions, and in return we promise to provide specified insurance cover.

The obligations, exclusions and conditions in this contract are subject to *your* rights under the Insurance Law Reform Acts 1977 and 1985.

Words shown in *italics* are words which have had their meaning defined. These meanings are found under the general definitions section of this Policy or under the heading of definitions in each section.

Any word or expression to which a specific meaning has been given will have the same meaning wherever it appears.

Please examine this document, including the *schedule*, to ensure the insurance protection is in accordance with *your* requirements. If it does not meet *your* requirements, or *you* wish to make changes to the insurance cover, please contact *your* insurance broker or Allianz Partners.

INTRODUCTION

Fair Insurance Code

Hollard are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service to *our* customers. A copy of the Fair Insurance Code is available from the Insurance Council of New Zealand website: www.icnz.org.nz/fair-insurance-code

Insurer

This policy is issued and managed by AWP Services New Zealand Limited trading as Allianz Partners, Level 3, 1 Byron Ave, Takapuna, Auckland 0622 and underwritten by The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 (Incorporated in Australia), ("Hollard"), Level 26, 188 Quay Street, Auckland 1010 (referred to as "*us*", "*we*" or "*our*").

Insurance Claims Register (ICR)

The ICR is a database of insurance claims to which participant insurers have access. The purpose of the ICR is to prevent insurance fraud. The ICR is operated by insurance Claims Register Limited (ICR Ltd), PO Box 474, Wellington.

This policy is issued to you conditional upon you authorising *us* to place details of any claims made against this policy on the database of ICR Ltd, where they will be retained and be available for other insurance companies to inspect.

You also authorise *us* to obtain from ICR Ltd personal information about you that is (in *our* view) relevant to this policy or any claim made against it. You have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Dispute Resolution Process

If you have a complaint or dispute in relation to this insurance, or the services of Allianz Partners or its representatives, please call *us* on 0800 800 048 or put the complaint in writing and send it to The Dispute Resolution Department, PO Box 33313, Takapuna, New Zealand or email *your* complaint to DisputeResolution@allianz-assistance.co.nz. Allianz Partners will attempt to resolve the matter in accordance with its Internal Dispute Resolutions process.

We are registered by law with an independent, external dispute resolution scheme. To obtain a copy of *our* External Dispute Resolution process, please contact *us*.

Privacy Notice

To arrange and manage *your* insurance and provide you with *our* services, we (in this Privacy Notice "*we*", "*our*" and "*us*" means AWP Services New Zealand Limited trading as Allianz Partners of Level 3, 1 Byron Avenue, Takapuna, Auckland, and *our* agents) collect, store, use and disclose *your* personal information including sensitive information. We usually collect it directly from you but also from others (including those authorised by you such as *your* family members, Travelling Companions, *your* doctors, hospitals, and other persons whom we consider necessary including *our* agents). We are the "data controller" and are responsible for ensuring *your* personal information is used and protected in accordance with applicable laws and regulations. Personal information we collect includes, for example, *your* name, address, date of birth, email address, medical information, passport details, bank account details, as well as other information we collect when you visit *our* website such as *your* IP address and online preferences.

Any personal information provided to *us* is used by *us* and *our* agents to evaluate and arrange *your* insurance. We also use it to administer and provide the insurance services and manage *your* and *our* rights and obligations in relation to the insurance services, including managing, processing and investigating claims. We may also collect, use and disclose it for product development, marketing (where permitted by law or with *your* consent), customer data analytics, research, IT systems maintenance and development, recovery against third parties, fraud investigations and for other purposes with *your* consent or where authorised by law. We do not use sensitive

information for marketing purposes or provide that information to any third parties for marketing.

You authorise *us* to disclose *your* personal information to recipients including third parties (some of whom are data processors) in New Zealand and overseas involved in the above processes, such as travel consultants, travel insurance providers and intermediaries, agents, distributors, reinsurers, claims handlers and investigators, cost containment providers, medical and health service providers, overseas data storage (including "cloud storage") and data handling providers, transportation providers, legal and other professional advisers, *your* agents, broker and Travelling Companions, *your* travel group leader if you travel in a group, *your* employer if you have a corporate travel policy, *your* bank if you have bank credit card insurance, the Insurance Claims Register and *our* related and group companies and the insurer. Some of these third parties may be located in other countries including in Australia, Europe, Asia, Canada or the USA. You agree that while those parties will often be subject to confidentiality or privacy obligations, they may not always follow the particular requirements of New Zealand privacy laws.

Where permitted by law or with *your* consent, we may contact you with offers of products or services (from *us*, *our* related companies, as well as offers from *our* business partners) that we consider may be relevant and of interest to you (including insurance products). This could be via telephone, post, electronic messages (including email) online or via other means. You can withdraw *your* consent at any time if you no longer wish to receive marketing material or promotional offers from *us* or *our* related companies and business partners by calling *our* Customer Care Team on 0800 800 048.

The collection of information is required pursuant to the common law duty to disclose all material facts relevant to the insurance sought and is mandatory. If you do not agree with the matters set out in *our* privacy notice or will not provide *us* with personal information, we may not be able to provide you with *our* services or products, process *your* application, issue you with a policy or process *your* claims. We will not retain *your* personal data for longer than is necessary for the purposes for which it may be lawfully used.

You can: (1) seek access to *your* personal data and ask about its origin, the purposes of the processing, and details of the data controller or data processor and the parties to whom it may be disclosed; (2) correct and update *your* personal information (subject to the provisions of applicable privacy legislation), and (3) ask for a copy of *your* personal data in an electronic format for *yourself* or for someone you nominate. You may in some circumstances restrict the processing of *your* personal data, and request that it be deleted. Where *your* personal information is used or processed with *your* specific consent as the sole basis for processing (rather than on a contractual basis or legitimate interest), you may withdraw *your* consent at any time. In cases where we cannot comply with *your* request concerning *your* personal information, we will give you reasons why. You may not access or correct personal information of others unless you have been authored by their express consent or are otherwise permitted by law.

When you provide personal information to *us* about other individuals, we rely on you to have first obtained each of those individuals' consent, and have made them aware of the matters set out in this Privacy Notice.

If you have a request or complaint concerning *your* personal information or about *our* privacy policy, please contact: Privacy Officer, Allianz Partners, P.O. Box 33-313, Takapuna, Auckland 0740 or email *us* at AzPNZ.Privacy@allianz-assistance.co.nz. For urgent assistance please call *our* Customer Care Team on 0800 800 048. You can also contact the Privacy Commissioner at the Office of the Privacy Commissioner, P.O. Box 10 094, The Terrace, Wellington 6143 if you have a complaint.

For more information about *our* corporate privacy policy and handling of personal information, including further details about access, correction and complaints, please visit *our* website at www.allianzpartners.co.nz and click on the Privacy Policy link.

INSURANCE CONTRACT

In consideration of *you* having paid or promised to pay the required premium we agree to indemnify *you* in the manner and to the extent set out in this policy.

The insurance contract consists of any statements on which this insurance is based, *your* proposal, this policy and the schedule.

General obligations

These are the general obligations that apply to this policy.

You must comply with all the obligations and conditions of this policy. If *you* do not, in some instances *your* claim will not be paid.

Some parts of this policy may cover other people or companies or entities as well as *you*. To gain the benefit of any cover under this policy they must meet all the same conditions and obligations *you* are required to meet.

Duty of Disclosure

When *you* apply for insurance or alter this policy, *you* have a duty at law, to disclose to *us* all material facts. A material fact is one that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium.

Examples of information *you* may need to disclose include:

- anything that increases the risk of an insurance claim;
- occupations involving unusual or dangerous work;
- extreme versions of any sport;
- high risk activities;
- any criminal conviction subject to the Criminal Records (Clean Slate) Act 2004;
- if another insurer has cancelled or refused to insure or renew *your* insurance, has imposed special terms, or refused any claim;
- any insurance claim or loss made or suffered in the past.

These examples are a guide only. If there is any doubt as to whether any particular piece of information needs to be disclosed, this should be referred to *us*.

If *you* fail to comply with *your* duty of disclosure it may result in:

- this policy being avoided retrospectively with the effect that the policy never existed;
- this policy being cancelled;
- the amount we pay if *you* make a claim being reduced; or
- *us* refusing to pay a claim.

If circumstances change

1. *You* must *notify us* immediately of any change in circumstances that has happened after the start of this policy or that *you* know is going to happen and which may increase:
 - a) the amount of the risk; or
 - b) the risk of loss, injury, illness or disablement; or
 - c) the risk of insuring *you*.
2. If *you* do *notify us* of a change we may alter the premium or the terms of this contract.
3. If *you* do not comply with this obligation any loss, *injury* or *illness* or disablement that happens after the date of the change in circumstance may not then be insured and we may not continue to insure *you*.

To provide accurate information

You must make sure all statements made to *us* are in every respect correct and complete.

Limitation of cover

Notwithstanding anything contained in this policy wording we will not provide cover nor will we make any payment or provide any service or benefit to any person or party where providing such cover, payment, service or benefit would expose *us* to or violate any applicable trade or economic sanction or any law or regulation.

What you need to know about making a claim

These general claims conditions apply to this policy.

As soon as *you* are aware of any event or circumstance that is likely to result in a claim under this policy, *you* or any person entitled to claim under this policy must give *us* written notice of any occurrence which is likely to give rise to a claim within 30 days, or as soon as is reasonably practicable after the date of the event or circumstance.

You or any such person must at *your*, his or her expense give *us* such certificates, information and other documentation as *we* may reasonably require.

We may at *our* expense have any *insured* person medically examined from time to time.

If you wish to make a claim on this policy

You must then:

1. fully complete *our* claim form as soon as practicable;
2. give *us* free access to examine and assess any loss;
3. provide any other information or assistance *we* reasonably request in relation to *your* claim;
4. provide a statutory declaration to verify the loss if *we* request it; and
5. attend interviews with any person *we* nominate.

If you don't agree with our claim decision

If *you* do not agree with *our* decision on *your* claim then *you* should contact *your* broker. If *you* are still not satisfied and believe *our* decision is incorrect *you* can ring 0800 800 048 or write to *us* at PO Box 33 313, Auckland.

Please also see details of *our* Dispute Resolution Process on page 1.

GENERAL EXCLUSIONS

These are the general exclusions that apply to this policy.

There is no cover under this policy for any claim or loss resulting from or directly or indirectly caused by or arising in connection with:

1. Alcohol / drugs

the use of alcohol or other intoxicants, or the use of drugs except as prescribed by a *doctor* or *specialist*;

2. Asbestos

asbestos, asbestos fibres, any derivatives of asbestos or any material containing asbestos or any exposure to the existence of asbestos;

3. Cosmetic surgery

cosmetic, elective or plastic surgery, except and to the extent that it is necessary for the cure or alleviation of *injury* to the *insured person*, or surgery in connection with or arising out of any routine physical examinations;

4. Expenses after termination

any expenses, costs or charges incurred after the insurance cover in respect of an *insured person*, *spouse* or *dependent child* under this policy has terminated, the policy has been cancelled or after the expiry date of the *period of insurance*;

5. Illegal act

any intentional self-injury or attempt at self-injury, suicide, or any illegal or criminal act committed by *you* or an *insured person*;

6. Infertility

sexually transmitted disease, infertility, sterilisation, abortion, unless certified as medically necessary by the attending *doctor* or *specialist*, congenital deformities or abnormalities;

7. Medical advice

any expenses, costs or charges incurred after the *insured person* travelled against the advice of a *doctor* or *specialist*;

8. Non-medical charges

charges or costs for all non-medical services including but not limited to telephone, television, newspapers and the like;

9. Ongoing medical treatment

any ongoing medical treatment and services where an *insured person* is repatriated to their *country of usual residence* in excess of the following limits:

- (a) If *you* are repatriated to New Zealand the maximum period during which *you* can claim is 180 consecutive days from *your* date of repatriation date and the maximum amount we will pay for all charges and expenses incurred in New Zealand is *your* remaining sum insured shown in Section 1;
- (b) If *you* are repatriated to a country other than New Zealand the maximum period during which *you* can claim is 30 consecutive days from the date of *your* repatriation date, and the maximum amount we will pay for all charges and expenses incurred in *your* country of usual residence is \$50,000 or *your* remaining sum insured shown in Section 1, whichever is the lesser;

10. Other insurance

treatment or services which are covered by the Injury Prevention Rehabilitation and Compensation Act 2001 (or any replacement Act) and any subsequent amendments, or by compensation under Accident compensation legislation or any workers compensation legislation, or transport accident laws, or by any Government sponsored fund, plan, or medical benefit scheme or under any other medical insurance policy;

11. Piloting

flying in an aircraft or aerial device other than as a passenger in an aircraft licensed to carry passengers flown by a pilot licensed to carry passengers;

12. Pre-existing medical conditions

pre-existing medical conditions. However, notwithstanding this exclusion a *pre-existing medical condition* is covered once an *insured person* has been insured under this policy for a period longer than 12 months from the *effective date of coverage*. In this case we will, subject to all other policy terms and conditions, *pay pre-existing medical conditions* expenses for treatment received following the first day after the 12 months from the *insured person's effective date of coverage*;

13. Professional sports/racing

professional sports of any kind, or the racing or preparation for racing of any motor propelled conveyance of any kind;

14. Radioactivity

the use, existence or escape of nuclear weapons material or ionising radiation from or contamination by radioactivity from any nuclear fuel or nuclear waste from the combination of nuclear fuel;

15. Allianz Partners

any expenses, costs or charges incurred after *you* or the *insured person* or *your* or the *insured person's* representative refused to follow *our* instructions or directions or the instructions and directions of Allianz Partners New Zealand Limited;

16. War

war, invasion, act of foreign enemy, warlike operations (whether war is declared or not), civil war, mutiny, rebellion, revolution, insurrection, military or usurped power.

GENERAL CONDITIONS

These are the general conditions that apply to this policy.

1. Beneficiary

All Benefits will be payable to *you* or any person or persons and in the proportions that *you* nominate.

2. Breach of policy terms and conditions

If *you* or any *insured person* under this policy breach any condition in this policy all benefits under this policy will be forfeited. However, nothing in this policy affects *our* common law rights, including *our* right to avoid the policy for non-disclosure.

3. Cancellation – insured person

The insurance cover in respect of an *insured person* will terminate on the earliest of the following dates:

- a) on the date this policy is cancelled;
- b) on the date of termination of their employment by *you*;
- c) at the end of the calendar month during which the *insured person* is retired or pensioned;
- d) on the premium due date if *you* fall to pay the required premium for the *insured person*.

4. Cancellation – Spouse / Dependant

The insurance cover in respect of a *spouse* or *dependent child* will terminate on the earliest of the following dates:

- a) on the date insurance cover in respect of the *insured person* terminates in accordance with condition 3 above;
- b) on the date the *spouse* or *dependent child* ceases to be a *spouse* or *dependent child*;
- c) in the event of death of the *insured person*, on the last day for which premium for the *insured person* has been paid.

5. Cancellation by *you*

You may cancel this policy at any time, and with immediate effect, by written notice delivered to *us* or by facsimile transmission or e-mail. In the event of cancellation we will be entitled to a pro rata proportion of the premium, subject to any adjustment required by the terms of this policy, for the time during which the policy has been in force.

6. Cancellation by *us*

We may cancel this policy at any time by sending a letter, facsimile or e-mail to *you* at *your* last postal address, facsimile number or e-mail address on *our* records. The cancellation will take effect at 4 pm on the 30th day after the letter, facsimile or e-mail has been sent. In the event of cancellation we will refund to *you* a pro rata proportion of the premium, subject to any adjustment required by the terms of this policy.

7. Currency

All amounts shown are in New Zealand dollars. If expenses are incurred in a foreign currency then the rate of currency exchange used to calculate the amount payable will be the buying rate in New Zealand at the time of incurring the expense or suffering a loss.

8. Due observance

The due observance and fulfilment of the terms, provisions, exclusions and conditions of this contract insofar as they relate to anything to be done or complied with by *you* or any *insured person* or his or her personal representatives will be conditions precedent to the liability of *us* to make any payment under this contract.

9. Fraud

If any claim is in any respect fraudulent or if any false declaration is made or false or incorrect information is used in support of any claim or if any fraudulent means or devices are used by *you* or anyone acting on *your* behalf to obtain any benefit under this policy we will not pay *your* claim and *you* will forfeit all benefits under this policy.

10. Governing law

This policy will be governed in accordance with the laws of New Zealand. Any disputes arising out of or under this policy will be submitted to the exclusive jurisdiction of the courts of New Zealand.

11. Other insurance

You must tell *us* and obtain *our* written consent if *you* or the *insured person* takes out any other policy covering the *insured person* for *injury* or *illness*.

You do not need to tell *us* about any policy covering death only, medical expenses or travel insurance.

12. Headings

Where headings or margin references are used in this policy they are purely descriptive in nature and are not to be used for interpretative purposes.

13. Proof of loss

After we receive notice of a claim we will provide *you* with *our* usual claim forms for completion. The claim forms must be properly completed and all evidence required by *us* will be furnished at the expense of *you* or the *insured person* and will be in the form and nature as we may require. We may at *our* own expense conduct any medical examination or arrange for a post-mortem to be carried out.

14. Renewal of policy and change of occupation or health

This insurance may be renewed from year to year by mutual agreement between *you* and *us*. *You* are required to give written notice to *us* of any illness or physical defect or infirmity with which any *insured person* has become afflicted or of which he or she has become aware at renewal. *You* must give immediate written notice to *us* of any change of any *insured person's* business or occupation. We will be entitled to make any variations to the terms, conditions and exceptions of this policy as we consider appropriate.

15. Subrogation

We have the right to commence or take over legal proceedings in *your* and/or the *insured person's* name for the defence or settlement of any claim, or to sue or prosecute any other party to recover any monies payable by them at law. *You* and the *insured person* must co-operate with *us* and do nothing to hinder *our* rights.

SECTION ONE

EXPATRIATE MEDICAL & SPECIALIST CARE

Extent of Cover	We will pay the actual, necessary and reasonable expenses incurred by <i>you</i> or the <i>insured person</i> during the period of insurance for <i>medical</i> and <i>specialist</i> care as limited on the Schedule of benefits below.	
Schedule of Benefits		
Cover under this Section only applies if a Sum insured is shown on the schedule for Section 1 – <i>Medical & Specialist Care</i>	Maximum per <i>insured person</i> in any one <i>period of insurance</i>	
Medical & specialist care	As per <i>schedule</i>	
– <i>Hospital Services</i> , in <i>hospital</i> medical charges either inpatient or same day surgery	Included	
– Out of hospital services and <i>doctor's</i> charges	Included	
– <i>Prescribed</i> medicines	Included	
<i>Maternity care</i>		
– Routine pre-natal, delivery and post- natal charges, up to six months after the birth of a child, for the care of the mother	\$10,000	
– Emergency and/or complicated delivery charges, additional to the above	\$10,000	
– Routine <i>maternity</i> care for the child from birth to 6 months of age (at which time the child becomes an <i>insured person</i> under the policy)	\$10,000	
<i>Rehabilitation & Occupational Therapy</i>	\$10,000	
<i>Psychology & Psychiatry</i>	\$2,500	
Dental Services		
– General dental services	\$2,000	
– Special dental services	\$2,000	
<i>Health Services</i>		
– Optical (including examination)	\$500	
– Chiropractic/Osteopathy	\$1,000	
– Physiotherapy	\$1,000	
– Speech Therapy	\$750	
– Podiatry	\$500	
– Dietitian	\$500	
– Prothesis and Hearing aids (one appliance every two years)	\$500	
Home Nursing		
– Home nursing, following an <i>injury</i> or <i>illness</i> , by a qualified nurse who is not a relative of the insured person	\$1,000 per week to a maximum of 4 weeks	

SECTION TWO

MEDICAL REPATRIATION & EMERGENCY EVACUATION

Cover under this Section only applies if a sum insured is shown on the schedule for Section 2 – Medical repatriation & emergency evacuation.

Medical repatriation benefit

We will pay the actual, necessary and reasonable expenses for the repatriation of the *insured person* during the *period of insurance* provided that the *insured person* or their representative obtains:

1. our prior agreement, from us or through Allianz Partners New Zealand Limited;
2. written certification by the attending *doctor* stating that the *injury* or *illness* of the *insured person* is of a critical nature and it is necessary that the insured person obtains specialised treatment, surgery or post-operative attention which is not available in the *country of assignment*.

These expenses will be limited to one repatriation per *insured person* for any one *period of insurance*.

1. In respect of an *insured person's* repatriation we will pay charges for airfares (economy airfare where possible) in transporting the *insured person* by scheduled airline on a scheduled flight from the *insured person's* country of assignment to the airport nearest to the recommended hospital where the *insured person* is to be confined for specialised treatment, surgery or post-operative attention.
2. In respect of a *dependent child* being repatriated we will pay the additional charges for an airfare (economy fare where possible) in transporting one adult to accompany the *dependent child* by scheduled airline on a scheduled flight.
3. Where an *insured person* is repatriated but it is recommended that the *insured person* not travel alone, provided the need for an escort for the *insured person* is certified by the insured person's attending *doctor* and Allianz Partners New Zealand Limited as medically necessary, we will pay the additional charges for an airfare (economy fare where possible) in transporting one adult to accompany the *insured person* by scheduled airline on a scheduled flight.
4. We will pay for charges for the airfare (economy airfare where possible) in transporting the *insured person* by scheduled airline on a scheduled flight from the airport nearest to the *hospital* where the *insured person* was confined for specialised treatment, surgery or post-operative attention to the *insured person's* country of assignment if the *insured person* returns to their *country of assignment* within 12 months of sustaining the *injury* or *illness*.

Pre-hospitalisation and post-hospitalisation accommodation charges

Pre-hospitalisation and post-hospitalisation accommodation charges, for the *insured person* where certified by the *insured person's* attending *doctor*, Allianz Partners New Zealand Limited and the *hospital* as medically necessary, for the purpose of waiting for medical test or examination results.

Maximum per insured person in any one period of insurance

Up to \$250 per day for a maximum period of 20 days

Accompanying person's accommodation

Charges for hotel or other accommodation incurred by the accompanying person for the period of hospital confinement of the *insured person* including any period of pre-hospitalisation and post-hospitalisation accommodation of the *insured person*.

En-route accommodation

Charges, not recoverable from the airline, for hotel or other accommodation where an *insured person* is required by airline schedules to stay overnight en route to the *hospital*.

Emergency evacuation expenses benefit

We will pay the actual, necessary and reasonable expenses incurred for emergency evacuation of the *insured person* during the *period of insurance* for the charter of an aircraft, air ambulance or other available means of transport to evacuate the *insured person* to receive urgent surgery or urgent specialised treatment, provided that the *insured person* or his or her representative obtains:

1. our prior agreement, from us or through Allianz Partners New Zealand Limited, confirming that the charter is necessary;
2. written certification by the attending *doctor* or *specialist* stating that the *injury* or *illness* of the *insured person* is of a critical nature, and it was necessary that the insured person obtain urgent surgery or urgent specialised treatment which is not available in the *country of assignment*.

The maximum amount payable in respect of an *insured person* during any one *period of insurance* will be the amount stated on the schedule and is limited to one emergency evacuation for any one *insured person* for any one period of insurance.

Expenses include economy airfare charges if the *insured person* returns directly to their *country of assignment* following evacuation.

Up to \$250 per day for a maximum period of 20 days

Up to \$250 per night.
The maximum amount will be \$5,000

SECTION THREE

CONTINUOUS MEDICAL – HOME LEAVE BENEFIT

Cover under this Section only applies if a sum insured is shown on the *schedule* for Section 3 – Continuous medical – home leave benefit.

1. Home leave benefit – if the *insured person* is on home leave to their *country of usual residence*, authorised by you, cover under Sections 1 and 2 will apply in the *insured person's country of usual residence* for the period of the stay, providing that:
 - a) the *insured person's* home leave period does not exceed 30 consecutive days any one stay and 60 days in the aggregate in any one year; and
 - b) Allianz Partners have approved, prior to the *insured person* leaving their *country of assignment*, treatments or services the *insured person* may require for any *injury* or *illness* the *insured person* was aware of before the *insured person* left their *country of assignment*. If this prior approval is not obtained and we have been prejudiced, we may at our sole discretion choose to pay what it would have cost had the treatments or services been obtained in the *insured person's country of assignment*.

If the *insured person's country of usual residence* is not New Zealand the maximum amount payable under this benefit will be \$50,000 or the remaining sum insured balance for section 1 whichever is the lesser amount.

SECTION FOUR

MEDICAL EMERGENCY – RETURN HOME BENEFIT

Cover under this Section only applies if a sum insured is shown on the *schedule* for Section 4 – Medical emergency – return home benefit.

Emergency return home – in the event of the unexpected death of the *insured person's spouse* or a *dependent child* or in the event of them becoming *very seriously ill*, necessitating the *insured person* returning to his or her *country of usual residence*, then subject to prior approval being obtained from Allianz Partners New Zealand Limited, we will pay reasonable travel and accommodation expenses incurred. The maximum amount payable under this benefit is specified on the *schedule*.

SECTION FIVE

FUNERAL EXPENSES/REPATRIATION OF MORTAL REMAINS

Cover under this Section only applies if a sum insured is shown on the *schedule* for Section 5 – Funeral expenses/repatriation of mortal remains.

Repatriation of mortal remains – in the event of the death of an *insured person* we will pay the reasonable expenses incurred for the cost of returning their mortal remains to their *country of usual residence* or the reasonable funeral and related costs if the body is buried or cremated at the place of death. The maximum amount payable under this benefit is specified on the *schedule*.

SECTION SIX

EMPLOYEE REPLACEMENT

Cover under this Section only applies if a sum insured is shown on the schedule for Section 6 – Employee replacement.

Replacement staff / resumption of assignment – in the event that an *insured person*, but not a *spouse* or *dependent child*, becomes *very seriously ill* we will pay reasonable travel and additional temporary accommodation expenses incurred by you for:

- a) the sending of a qualified replacement employee to the *country of assignment* of the *insured person* to complete the unfinished business commitments of the *insured person* for a maximum period of 90 days; or
- b) the return of the *insured person* to the *country of assignment* after his or her recovery to complete those original and unfinished business commitments within 90 days.

We will not be liable for any expenses which you or the *insured person* had already paid or budgeted for. The maximum amount payable under this benefit is the amount specified on the *schedule*.

SECTION SEVEN

POLITICAL EVACUATION

Cover under this Section only applies if a sum insured is shown on the *schedule* for Section 7 – Political evacuation.

Political risk evacuation expenses

If whilst an *insured person* is travelling in a country outside his or her country of assignment, not being their country of usual residence, and:

1. officials in the country recommend that certain categories of persons, which categories include the *insured person*, should leave the country; or
2. the *insured person* is expelled from or declared persona non grata in the country, we will pay up to the amounts shown on the schedule for:
 - a) the cost of an economy class airfare to return the *insured person* to their *country of assignment* or *country of usual residence*; or
 - b) the cost of an economy class airfare to return the *insured person* to the nearest place of safety.

If an *insured person* needs to leave the country, Allianz Partners must be contacted beforehand to confirm cover. Where possible we will through Allianz Partners make the travel arrangements and in all cases Allianz Partners will decide where to send the *insured person*.

We will not be liable for any expenses which you or the *insured person* had already paid or budgeted for.

The decision to evacuate will be made after consultation with interested governments and the *insured person*. Evacuation will be initiated after reasonable local measures to protect the health and safety of the *insured person* have been exhausted or when we decide that an *insured person*, who is not in need of medical attention, is at high risk due to adverse local conditions.

If we consider the situation will continue for less than 30 days duration, evacuation will be made:

- a) to the nearest location outside the impacted area; or
- b) out of the country to the nearest country which will accept the *insured person*.

If we consider the situation will continue for more than 30 days duration, evacuation will be made at our option to the *insured person's country of assignment* or the *insured person's country of usual residence*.

We will provide and pay for:

- a) arrangements necessary for the evacuation commencing immediately after the decision to evacuate; and
- b) reasonable costs for the *insured person* to travel back from the place of evacuation to the *country of assignment* or the country evacuated from, as is the most appropriate and necessary in all the circumstances, up to the cost of an economy class airfare for the same trip.

We will grant a period of 10 days after evacuation arrangements have been offered for the *insured person* to avail themselves of the arrangements. If evacuation is not possible we will use resources at our disposal to maintain contact with the insured person until evacuation becomes possible or the situation has ended.

Accommodation expenses

Where the *insured person* is unable to return to their *country of assignment* we will pay the actual, reasonable and necessary costs of accommodation. This benefit is not payable while the *insured person* is in the *insured person's country of usual residence*.

Specific exclusions

In addition to the general exclusions of this policy the following specific exclusions apply to this section.

We will not pay costs and expenses for claims arising directly or indirectly out of:

1. *you* or the *insured person* violating the laws or regulations of any country;
2. the *insured person* failing to produce or maintain immigration, work, residence or similar visas, permits or other similar documentation;
3. any debt, insolvency, commercial failure, the repossession of any property by a titleholder or any other financial cause;
4. *your* or the *insured person's* failure to honour any contractual obligations or bond or to obey any conditions in a licence;
5. the *insured person* being a national of the country from which they are to be evacuated;
6. political unrest that resulted in the *insured person's* evacuation being in existence prior to the insured person entering the country, or its occurrence being foreseeable to a reasonable person before the *insured person* entered the country.

We will not pay for:

7. evacuation assistance or travel arrangements made independently by *you* or the *insured person*;
8. accommodation and living expenses incurred following the evacuation;
9. more than the annual aggregate any one *period of insurance*;
10. any costs or expenses which are recoverable under section 8 of this policy.

Up to \$250 per day for a maximum period of 30 days

SECTION EIGHT

NATURAL DISASTER EVACUATION EXPENSES

Cover under this Section only applies if a sum insured is shown on the *schedule* for Section 8 – Natural disaster evacuation expenses.

If whilst an *insured person* is travelling in a country, not being their country of usual residence, outside their country of assignment and a major natural disaster has occurred in the country necessitating their immediate evacuation in order to avoid risk of *injury or illness* to the *insured person* we will commence arrangements for the evacuation of the *insured person* and we will pay up to the amounts shown on the schedule for:

- a) the cost of an economy class airfare to return the insured person to their country of assignment or country of usual residence; or
- b) the cost of an economy class airfare to return the insured person to the nearest place of safety.

If an *insured person* needs to leave the country, Allianz Partners must be contacted beforehand to confirm cover. Where possible we will through Allianz Partners make the travel arrangements and in all cases Allianz Partners will decide where to send the *insured person*.

The decision to evacuate will be made after consultation with interested governments and the *insured person*. Evacuation will be initiated after reasonable local measures to protect the health and safety of the *insured person* have been exhausted or when we decide that an *insured person*, who is not in need of medical attention, is at high risk due to adverse local conditions.

If we consider the situation will continue for less than 30 days duration, evacuation will be made:

- a) to the nearest location outside the impacted area; or
- b) out of the country to the nearest country which will accept the insured person.

If we consider the situation will continue for more than 30 days duration, evacuation will be made to the *insured person's country of assignment* or to the *insured person's country of usual residence*.

We will provide and pay for:

- a) arrangements necessary for the evacuation commencing immediately after the decision to evacuate;
- b) reasonable costs for the *insured person* to travel back from the place of evacuation to the *country of assignment* or the country evacuated from, as is the most appropriate and necessary in all the circumstances, up to the cost of an economy class airfare for the same trip.

We will grant a period of 10 days after the evacuation arrangements have been offered for the insured person to avail themselves of the arrangements.

If evacuation is not possible we will use resources at our disposal to maintain contact with the *insured person* until evacuation becomes possible or the situation has ended.

Accommodation expenses

Where the insured person is unable to return to their country of assignment we will pay the actual, reasonable and necessary costs of accommodation. This benefit is not payable while the *insured person* is in the *insured person's country of usual residence*.

Specific exclusions

In addition to the general exclusions of this policy the following specific exclusions apply to this section.

We will not pay costs and expenses for claims arising directly or indirectly out of the natural disaster that resulted in the *insured person's* evacuation being in existence prior to the *insured person* entering the country or its occurrence being foreseeable to a reasonable person before the insured person entered the country.

We will not pay for:

1. evacuation assistance or travel arrangements made independently by the *insured or insured person*;
2. accommodation and living expenses incurred following the evacuation;
3. more than the *annual aggregate* any one period of *insurance*.

Up to \$250 per day for a maximum period of 30 days

GENERAL DEFINITIONS

Where headings or margin references are used in this policy the headings or references are purely descriptive in nature and are not to be used for interpretative purposes.

Whenever the following words are used in *italics* in this policy this is what they mean:

Annual aggregate

the amount in respect of both sections 7 and 8, separately, that we will not pay more than in any one *period of insurance* for all claims in respect of any single person (an *insured person*), couple (an *insured person* and *spouse*) or family (an *insured person*, *spouse* and *dependent children*).

Country of assignment

the country where the insured person is residing on assignment away from their country of usual residence.

Country of usual residence

the country in respect of which the *insured person* has citizenship or is a permanent resident.

Day care

medical treatment provided in a *hospital* or in a specially equipped clinic or treatment centre which:

- a) does not require the *insured person* to be confined in a *hospital*;
- b) Is provided by a *specialist* or is under the direct supervision of a *specialist*; and
- c) Includes surgery performed by *doctors* or *specialists* in private practice.

Dentist

a person legally qualified and registered to practise dentistry.

Dependent children

the unmarried dependent children of the *insured person* or *spouse*, including stepchildren and legally adopted children, residing with the *insured person* in the *country of assignment* as long as they are:

- a) over six (6) months of age and under 16 years of age; or
- b) over 16 years of age and under 25 years of age while they are full-time students at an accredited Institution of higher learning in the *country of residence* and primarily dependent upon the *insured person* for maintenance and support.

Doctor

a person legally qualified and registered to practise medicine and surgery who is not an *insured person* or a relative of an *insured person*.

Effective date of coverage

the date of *our* acceptance of *your* application in respect of a proposed *insured person*.

General dental services

charges made by a duly qualified oral surgeon or dentist for examinations, scaling and cleaning, dental filling and restorations, diagnostic services, X-rays, injections and extractions of teeth.

Health services

the reasonable and necessarily incurred charges for listed health services.

Hospital

a place established as a hospital for the care and treatment of sick or injured persons and which:

- a) has organised diagnostic and surgical facilities, either on premises or in facilities available to the Hospital on a pre-arranged basis;

- b) provides 24-hours-a-day nursing services by registered nurses;
- c) is under the supervision of a *doctor*;
- d) is not primarily a clinic, a place for custodial care, a place for the treatment of alcoholics or drug addicts, a nursing, rest or convalescence home or home for the aged or any similar establishment.

Hospital services

charges for semi-private *hospital* room and board, including *doctor's* charges for any anaesthesia and its administration, use of operating theatre, medicines, dressings, splints, plaster casts, rental of wheelchair or other prosthetic devices or hospital equipment during the confinement period, other miscellaneous *hospital* equipment during the confinement period and other miscellaneous hospital charges for other services necessarily and regularly given by a hospital for treatment of *injury* or *illness*.

Illness

any *illness*, *mental illness* or disease first manifesting itself during the period of insurance.

Injury

bodily *injury* happening fortuitously and resulting from an accident occurring while this policy is in force caused by violent, external and visible means, but it does not include any condition which is also a *illness*.

Insured

the insured named on the *schedule*.

Insured person

such person or persons who come within the description of *insured person* shown on the *schedule*, who are nominated by you from time to time for insurance under this policy and in respect of whom premium has been paid or agreed to be paid.

Maternity care

charges for pre-natal, childbirth and post-natal treatment including the routine care of a healthy newborn child for the first six months of life, provided that the *insured person's* pregnancy commenced during the period of insurance.

Medical and specialist care

all treatment of an *injury* or *illness* to an *insured person* that is provided by a *doctor* or *specialist* and which is not more specifically defined in this policy.

Mental illness

means any *illness*, condition or disorder listed in the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

Optical

charges for eye examinations, spectacles or contact lenses as prescribed by the treating doctor or specialist.

Period of insurance

the period shown on the current *schedule*.

Pre-existing medical conditions

any condition for which a *dentist*, *doctor*, *specialist* or other legally qualified medical practitioner was consulted or for which treatment or medication was prescribed or a condition the manifestation of symptoms of which would have caused a reasonable person to seek medical advice within the three (3) months period prior to the effective date of coverage of the *insured person*. It also includes any condition known to the *insured person* prior to the effective date of coverage under this policy and where the *insured person*:

- a) Is on a waiting list for treatment;
- b) travels for the purpose of obtaining treatment;
- c) has received a terminal prognosis;
- d) has been recommended to continue or to commence any medical treatment or medication after his or her effective date of coverage.

Prescribed medicines

medicine, including bandages and surgical dressings, which have been prescribed by a *doctor* or *specialist*.

Psychology and psychiatry

charges made by a qualified psychologist or psychiatrist for the provision of mental health services, provided the *insured person* is referred for the treatment by the treating *doctor* or *specialist*.

Rehabilitation and occupational therapy

the reasonable and necessarily incurred charges for rehabilitation treatment or occupational therapy as prescribed by the treating *doctor* or *specialist* as a result of an *injury* or *illness*.

Schedule

the *schedule* attached to the policy wording or any subsequently substituted schedule.

Special dental services

charges made by a qualified oral surgeon or dentist for root treatment, endodontic treatment, oral surgery, anaesthetic services, periodontal surgery, interceptive orthodontic services, installation of and repairs to crowns and bridges, new dentures, dental repairs and remodelling and other specialist and orthodontic services.

Specialist

a *doctor* recognised and referred to by another *doctor* for their experience, qualification and training in a particular branch of medicine or surgery or in the treatment of a specific *injury* or *illness*.

Spouse

the husband, or wife or any civil union or de-facto partner residing with the *insured person* in the country of assignment and with whom the *insured person* has continuously cohabited for at least three months immediately before the date of *injury* or *illness*.

Very seriously ill

a medical condition certified by the attending *doctor* or *specialist* to be such as to warrant a notification to relatives that their attendance is desirable in view of the imminent danger to the patient.

We / Our / Us

means the Hollard Insurance Company Pty Ltd acting through AWP Services New Zealand Limited trading as Allianz Partners.

You / Your

the insured named on the *schedule*.



Contact Details

Email: corporate@allianz-assistance.co.nz

Phone: 0800 000 638

www.allianzpartners.co.nz

AWP Services New Zealand Limited

trading as Allianz Partners,

Level 3, 1 Byron Ave, Takapuna, Auckland 0622

1 March 2020